



## 22<sup>nd</sup> EACTS ANNUAL MEETING, LISBON 2008

### MEETING ROOM BOOKING FORM

PLEASE RETURN THIS FORM BY FAX TO: SHARON PIDGEON,  
EACTS SECRETARIAT +44 (0)1753 620407

|   |  |
|---|--|
| <b>Organisation and address</b>   |  |
| <b>Contact details (name/tel/fax/e-mail)</b>                              |  |
| <b>Title of meeting</b>   |  |
| <b>Date</b>   |  |
| <b>Time</b>   |  |
| <b>Title/purpose of event</b>   |  |
| <b>Number of attendees<br/>(including own staff)</b>                      |  |
| <b>Audio visual<br/>requirements</b>                                      |  |
| <b>Catering<br/>requirements</b>  |  |
| <b>Any additional requirements (furniture, communications, staff etc)</b> |  |
| <b>Address for invoice<br/>(if different from<br/>above)</b>              |  |
| <b>VAT No</b>   |  |
| <b>Booking reference</b>  |  |
| <i>(To be completed by EACTS Executive Secretariat)</i>                   |  |